

## FORM B10 (Official Form 10) (10/05)

|   |   |   |                       |
|---|---|---|-----------------------|
| UNITED STATES BANKRUPTCY COURT  |   | DISTRICT OF <u>NEVADA</u>   | <b>PROOF OF CLAIM</b> |
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE CO.</b>  |   | Case Number<br><b>06-10725</b>  |                       |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   |   |                       |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>STANLEY &amp; FLORENCE ALEXANDER, IND &amp; AS TRUSTEES</b>   |   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |                       |
| Name and address where notices should be sent:<br><b>ROBERT C. LEPOME<br/>10120 S. EASTERN #200<br/>HENDERSON, NV 89052<br/>Telephone number: (702) 492-1271</b>  |   |   |                       |
| Last four digits of account or other number by which creditor identifies debtor: <b>2403</b>  |   | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____   |                       |
| 1. Basis for Claim <b>GENERAL CLAIM CLASS 4</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br>Other <b>NEGLIGENCE &amp; FRAUD</b>  |   | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ (date) to _____ (date)  |                       |
| 2. Date debt was incurred: <b>JAN 1, 2005 TO APRIL 12, 2006</b>   |   | 3. If court judgment, date obtained: _____  |                       |
| 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><b>Unsecured Nonpriority Claim \$ 400,000</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.   |   | <b>Secured Claim</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral: \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____  |                       |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). |   | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |                       |
| 5. Total Amount of Claim at Time Case Filed: <b>\$400,000 AS OF NOV 6, 2006</b><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |   | (unsecured) (secured) (priority) (Total)<br><b>400,000</b>  |                       |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |   | THIS SPACE IS FOR COURT USE ONLY  |                       |
| 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |   |   |                       |
| 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |   |   |                       |
| Date<br><b>12-4-06</b>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):<br><b>ROBERT C. LEPOME, ESQ. BAR #1980</b> |   |                       |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C.

USA CMC

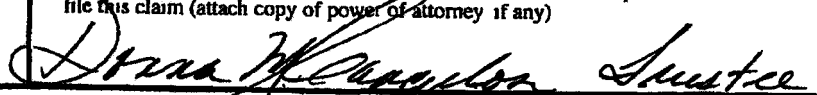


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FORM B10 (Official Form 10) (10/05)

REC'D APR 26 2007

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|--|--|---|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF <u>Nevada</u>   | <b>PROOF OF CLAIM</b>            |
| Name of Debtor <b>USA Commercial Mortgage Company</b>  |  | Case Number <b>06-10725-LBR</b>   |                                  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.   |  |   |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>Donna M Cangelosi, Trustee of the Donna M Cangelosi Family Trust</b>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent<br><b>Donna Cangelosi<br/>5860 Lausanne Drive<br/>Reno, Nevada 89511</b><br><br>Telephone number <b>(775) 530-7079</b>   |  |   |                                  |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here <input checked="" type="checkbox"/> replaces<br>if this claim <input type="checkbox"/> amends a previously filed claim dated <u>12/12/06</u>   |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See Exhibit A</u>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed<br>from _____ to _____<br>(date) (date)  |                                  |
| <b>2 Date debt was incurred</b> <u>March, 2001</u>   |  | <b>3. If court judgment, date obtained</b>  |                                  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.  |  |   |                                  |
| <b>Unsecured Nonpriority Claim \$ 768,560.86</b><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.  |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br><br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>unknown</u><br><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>13,178.21</u>                                |                                  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br><br>Amount entitled to priority \$ _____<br><br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 USC § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |                                  |
| <b>5 Total Amount of Claim at Time Case Filed</b>  |  | <b>\$ 768,560.86 768,560.86 768,560.86</b><br>(unsecured) (secured) (priority) (Total)  |                                  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |   |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |   | THIS SPACE IS FOR COURT USE ONLY |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |   |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.  |  |   |                                  |
| Date<br><b>1/7/07</b>  | Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br><br><b>Donna M Cangelosi, Trustee</b> |   |                                  |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. § 1573  |  |   |                                  |

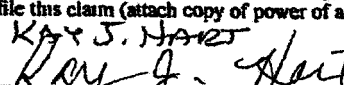
FILED JAN 10 2007

USA CMC



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## FORM B10 (Official Form 10) (10/05)


| UNITED STATES BANKRUPTCY COURT   |   | DISTRICT OF Nevada  | PROOF OF CLAIM |
|--|---|---|----------------|
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE COMPANY</b>   |   | Case Number<br><b>06-10725-LBR</b>  |                |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |   |   |                |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>KAY M. CANTELL AN UNMARRIED WOMAN AND KAY J. HART AN UNMARRIED WOMAN, AS JOINT TENANTS WITH THE RIGHT OF SURVIVORSHIP</b>   |   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |                |
| Name and address where notices should be sent<br><b>KAY J. HART<br/>455 MAGNOLIA AVE<br/>FAIRFORD, AL 36532<br/>Telephone number <b>251-929-3298</b></b>   |   | THIS SPACE IS FOR COURT USE ONLY  |                |
| Last four digits of account or other number by which creditor identifies debtor <b>3280</b>  |   | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____   |                |
| 1. Basis for Claim<br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <b>SEE EXHIBIT A</b>  |   | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |                |
| 2. Date debt was incurred<br><b>03-09-2005</b>   |   | 3. If court judgment, date obtained   |                |
| 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |   |   |                |
| Unsecured Nonpriority Claim <b>\$76,207.53</b><br><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.   |   | Secured Claim<br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral <b>UNKNOWN</b><br>Amount of arrearage and other charges at time case filed included in secured claim if any <b>\$1207.53</b> |                |
| Unsecured Priority Claim<br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |   | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)  |                |
| 5. Total Amount of Claim at Time Case Filed: \$ _____<br>(unsecured) (secured) (priority) (Total)<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |   |   |                |
| 6. Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |   | THIS SPACE IS FOR COURT USE ONLY  |                |
| 7. Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |   |   |                |
| 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.   |   |   |                |
| Date<br><b>01-10-2007</b>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):<br><b>KAY J. HART</b><br> |   |                |

Penalty for presenting fraudulent claim, fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.



FILED JAN 11 2007

## FORM B10 (Official Form 10) (10/05)

|  |   |  |   |
|--|---|--|---|
| UNITED STATES BANKRUPTCY COURT <u>Nevada</u> DISTRICT OF <u>Nevada</u>   |   | <b>PROOF OF CLAIM</b><br>E-Filed 8-9-06<br><br>THIS SPACE IS FOR COURT USE ONLY  |   |
| Name of Debtor<br><b>USA Capital Mortgage Company, Inc</b>   |   |  | Case Number<br><b>BK-S-06-10725-LBR</b> |
| NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   |  |   |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>JAMES CORISON</b>  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |  |   |
| Name and address where notices should be sent<br><b>JAMES CORISON</b><br><b>P O BOX 21214</b><br><b>RIVERSIDE, CALIFORNIA 92516</b>  |   |  |   |
| Telephone number   |   |  |   |
| Last four digits of account or other number by which creditor identifies debtor  |   | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated   |   |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input type="checkbox"/> Other  |   |  |   |
| <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ (date) to _____ (date)  |   |  |   |
| <b>2 Date debt was incurred</b> <u>11/24/2003</u>  |   | <b>3 If court judgment, date obtained</b>  |   |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><b>Unsecured Nonpriority Claim \$ _____</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.<br><br><b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br><br>Specify the priority of the claim.<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |   |  |   |
| <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)-<br><br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>1,023,000.00</u><br><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____  |   |  |   |
| <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)   |   |  |   |
| *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment   |   |  |   |
| <b>5 Total Amount of Claim at Time Case Filed</b><br>\$ _____ <u>1,023,000.00</u> <u>1,023,000.00</u><br>(unsecured) (secured) (priority) (Total)  |   |  |   |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |   |  |   |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |   | THIS SPACE IS FOR COURT USE ONLY<br><br><b>Filed date</b><br><b>8/9/06</b><br><br>USA CMC<br><br>1072500062 |   |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |   |  |   |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |   |  |   |
| Date<br><u>8/9/06</u>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br><u>James Corison</u>   |  |   |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571



| <b>PROOF OF CLAIM</b>   |  |  |  |
|---|--|--|--|
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE Co</b>   |  | Case Number<br><b>06-10725-LBR</b>   |  |
| <b>NOTE: See Reverse for List of Debtors and Case Numbers</b><br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notice from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.   |  |
| Name of Creditor and Address<br><b>D. JOSEPH DOUCET TRUSTEE OF DOUCET TRUST<br/>3301 SKYLINE BLVD<br/>RENO, NEVADA 89509-6604</b>   |  | <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. <b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |
| Creditor Telephone Number <b>(775) 874-1477</b>   |  | Last four digits of account or other number by which creditor identifies debtor  |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)<br><span style="margin-left: 150px;"><b>SEE EXHIBIT A ATTACHED</b></span>   |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)<br>Last four digits of your SSN: _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)   |  |
| <b>2 DATE DEBT WAS INCURRED</b> <b>3-2001</b>   |  | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>  |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.   |  |  |  |
| <b>UNSECURED NONPRIORITY CLAIM \$ 502,335.71</b><br><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.  |  | <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other<br>Value of Collateral: <b>\$ UNKNOWN</b><br>Amount of arrearage and other charges at time case filed included in secured claim if any: <b>\$ 13,239.94</b>  |  |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority: \$ _____<br>Specify the priority of the claim: _____   |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____)<br><small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> |  |
| <b>5 TOTAL AMOUNT OF CLAIM \$</b><br>AT TIME CASE FILED: (unsecured) <b>\$ 502,335.71</b> (secured) <b>\$ 502,335.71</b> (priority) <b>\$ 502,335.71</b> (Total)  |  | <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |
| <b>6 CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |  |  |
| <b>7 SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |  |  |
| <b>8 DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |  |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br><b>BY MAIL TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911 |  | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">FILED JAN 12 2007</div>  |  |
| <b>DATE</b><br><b>1-9-07</b>  |  | <b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><div style="text-align: center;"><b>W. Joseph Doucet, Trustee</b></div>   |  |

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 102 AND 3571



**PROOF OF CLAIM**

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

11321242035148  
 FERNANDES, CHRISTOPHER  
 4001 OAK MANOR CT  
 HAYWARD CA 94542

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY.

Creditor Telephone Number ( ) 510 537-0700

Last four digits of account or other number by which creditor identifies debtor

7391

Check here if this claim

☐ replaces or amends

a previously filed claim dated

**1 BASIS FOR CLAIM**☐ Goods sold☐ Personal injury/wrongful death☐ Services performed☐ Taxes☒ Money loaned☐ Other (describe briefly)☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Wages, salaries, and compensation (fill out below)

Last four digits of your SS #

Unpaid compensation for services performed from

☐ Unremitted principal☐ Other claims against servicer (not for loan balances)

(date)

(date)

**2 DATE DEBT WAS INCURRED**

11/21/2005 &amp; 12/25/2005

**IF COURT JUDGMENT, DATE OBTAINED****4 CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

**UNSECURED NONPRIORITY CLAIM \$**

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

**UNSECURED PRIORITY CLAIM**

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$

Specify the priority of the claim

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)**SECURED CLAIM**

☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other

Value of Collateral \$

Not Known at this Time

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 93,287.54

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

☐ Other. Specify applicable paragraph of 11 U.S.C. § 507(a) ( )

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5 TOTAL AMOUNT OF CLAIM**

AT TIME CASE FILED

\$

\$

\$

\$

\$

(unsecured)

(secured)

(priority)

(Total)

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED OCT 10 2006

USA CMC

1072500528

DATE

9/30/2006

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Fernandes

Luis...

Case 06-10725-gwz Doc 8046-2 Entered 05/14/10 15:40:46 Page 7 of 12

# PROOF OF CLAIM

## YOUR CLAIM IS SCHEDULED AS:

Name of Debtor:  
**USA Commercial Mortgage Company**

Case Number:  
**06-10725-LBR**

Schedule/Claim ID s31478

Amount/Classification  
\$10,033.44 Unsecured

NOTE: See Reverse for List of Debtors and Case Numbers.  
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

### Name of Creditor and Address:

12924490000857

FOXCROFT LIVING  
TRUST DATED 1/10/02  
C/O FRED J FOXCROFT & ROBERTA FOXCROFT  
TRUSTEES  
PO BOX 362  
CARNELIAN BAY, CA 96140-0362

Creditor Telephone Number ( ) **530-583-2836**

Last four digits of account or other number by which creditor identifies debtor:

**ACCT. 10 3398 CLIENT 10 4015**

Check here ☐ replaces or amends a previously filed claim dated: **2/27/06**

### 1. BASIS FOR CLAIM

- ☐ Goods sold  
☐ Services performed  
☒ Money loaned  
☐ Personal injury/wrongful death  
☐ Taxes  
☐ Other (describe briefly)

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)  
☐ Wages, salaries, and compensation (fill out below)  
Last four digits of your SS #: \_\_\_\_\_  
Unpaid compensation for services performed from: \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

- ☐ Unremitted principal  
☐ Other claims against servicer (not for loan balances)

### 2. DATE DEBT WAS INCURRED:

**4/13/06**

### 3. IF COURT JUDGMENT, DATE OBTAINED:

### 4. CLASSIFICATION OF CLAIM.

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

#### SECURED CLAIM

- ☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

- ☒ Real Estate ☐ Motor Vehicle ☐ Other

Value of Collateral: **\$ 506,677.07**

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

#### UNSECURED NONPRIORITY CLAIM \$

- ☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

#### UNSECURED PRIORITY CLAIM

- ☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
☐ Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

- ☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( \_\_\_\_\_ ).

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

### 5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

\$ \_\_\_\_\_ (unsecured) \$ **559,778.99** (secured) \$ \_\_\_\_\_ (priority) \$ **533,728.99** (Total)

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

### 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

### 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

### 8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED).

BY MAIL TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
P. O. Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

**THIS SPACE FOR COURT USE ONLY**

DATE

**5/30/07**

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

**TRUSTEE**

## FORM B10 (Official Form 10) (10/05)

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF Nevada  |  | PROOF OF CLAIM                   |
| Name of Debtor<br><u>USA Commercial Mortgage Company</u>   |  | Case Number<br><u>06-10725-LBC</u>  |  |                                  |
| NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.  |  |   |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><u>ADRIAN JIR OSTHUIZEN</u>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |  |                                  |
| Name and address where notices should be sent<br><u>5860 LUSK AVE<br/>RENO, NV 89511</u>   |  | Telephone number <u>775-844-7869</u>  |  | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here if this claim <input checked="" type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated <u>12/12/06</u>  |  |                                  |
| 1. Basis for Claim: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold<br/> <input type="checkbox"/> Services performed<br/> <input checked="" type="checkbox"/> Money loaned<br/> <input type="checkbox"/> Personal injury/wrongful death<br/> <input type="checkbox"/> Taxes<br/> <input checked="" type="checkbox"/> Other <u>See Exhibit A</u> </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a)<br/> <input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br/>           Last four digits of your SS # _____<br/>           Unpaid compensation for services performed from _____ (date) to _____ (date)         </div> </div> |  |   |  |                                  |
| 2. Date debt was incurred<br><u>MAY-2005</u>   |  | 3. If court judgment, date obtained   |  |                                  |
| 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |  |   |  |                                  |
| Unsecured Nonpriority Claim \$ <u>4,355,642.65</u><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.   |  | Secured Claim<br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>UNLIMITED</u><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>21,943.08</u>   |  |                                  |
| Unsecured Priority Claim<br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 USC § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(5)  |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 USC § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |                                  |
| 5. Total Amount of Claim at Time Case Filed  |  | <u>\$13,556,446.91</u> (unsecured) <u>\$13,556,446.91</u> (secured) <u>\$13,556,446.91</u> (priority) <u>\$13,556,446.91</u> (Total)  |  |                                  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  | 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |                                  |
| 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  | THIS SPACE IS FOR COURT USE ONLY  |  |                                  |
| 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |   |  |                                  |
| Date<br><u>1.17.07</u>   | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br><u>Adrian Jir Osthuizen</u> |   |  |                                  |

USA CMC



1072501865

FILED JAN 10 2007



**PROOF OF CLAIM**

Name of Debtor:

USA Commercial Mortgage Company

Case Number:

06-10725-LBR

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

11321242038405

RULON, PHILLIP  
2800A WRONDEL WAY  
RENO NV 89502☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.☐ Check box if this address differs from the address on the envelope sent to you by the court.

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( ) 775-825-0424

Last four digits of account or other number by which creditor identifies debtor:

0825

Check here ☐ if this claim replaces or amends a previously filed claim dated: \_\_\_\_\_**1. BASIS FOR CLAIM**

- ☐ Goods sold ☐ Personal injury/wrongful death  
☐ Services performed ☐ Taxes  
☒ Money loaned ☐ Other (describe briefly)

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from: \_\_\_\_\_ to \_\_\_\_\_

☐ Unremitted principal☐ Other claims against servicer (not for loan balances)

(date) (date)

**2. DATE DEBT WAS INCURRED:****3. IF COURT JUDGMENT, DATE OBTAINED:****4. CLASSIFICATION OF CLAIM.** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

**UNSECURED NONPRIORITY CLAIM \$**☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.**UNSECURED PRIORITY CLAIM**☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
☐ Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

**SECURED CLAIM**☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_).

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5. TOTAL AMOUNT OF CLAIM**

AT TIME CASE FILED:

\$ 503,479.62

(unsecured)

(secured)

(priority)

(Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.**6. CREDITS:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**7. SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**8. DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
P. O. Box 911  
El Segundo, CA 90245-0911BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

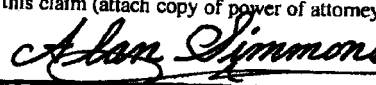
DATE

11-7-2006

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Phillip M. Rulon and Shirley S. Rulon

## FORM B10 (Official Form 10) (10/05)

|   |            |  |  |                                  |               |            |            |             |           |            |
|---|------------|--|--|----------------------------------|---------------|------------|------------|-------------|-----------|------------|
| UNITED STATES BANKRUPTCY COURT  |            | DISTRICT OF <u>Nevada</u>  |  | <b>PROOF OF CLAIM</b>            |               |            |            |             |           |            |
| Name of Debtor <b>USA Commercial Mortgage Company</b>   |            | Case Number <b>06-10725-LBR</b>  |  |                                  |               |            |            |             |           |            |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |            |  |  |                                  |               |            |            |             |           |            |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>Alan R. Simmons &amp; Judith B. Simmons husband &amp; wife as joint tenants with right of survivorship</b>  |            | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.  |  | THIS STATE IS FOR COURT USE ONLY |               |            |            |             |           |            |
| Name and address where notices should be sent<br><b>ALAN R. SIMMONS &amp; JUDITH B. SIMMONS<br/>         PO BOX 13296<br/>         SOUTH LAKE TAHOE, CA 96151-3296</b>  |            | Telephone number _____   |  |                                  |               |            |            |             |           |            |
| Last four digits of account or other number by which creditor identifies debtor _____   |            | Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> amends a previously filed claim dated _____.   |  |                                  |               |            |            |             |           |            |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Good: sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See Exhibit A</u><br><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |            |  |  |                                  |               |            |            |             |           |            |
| <b>2 Date debt was incurred</b> <u>December 2002</u>  |            | <b>3 If court judgment, date obtained</b> _____  |  |                                  |               |            |            |             |           |            |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.   |            |  |  |                                  |               |            |            |             |           |            |
| <b>Unsecured Nonpriority Claim \$ 593,144.11</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.   |            | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br><br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>unknown</u><br><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>9291.46</u>                                     |  |                                  |               |            |            |             |           |            |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br><br>Amount entitled to priority \$ _____<br><br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) |            | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |                                  |               |            |            |             |           |            |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><table style="width: 100%;"> <tr> <td style="text-align: right;">\$ 593,144.11</td> <td style="text-align: right;">593,144.11</td> <td style="text-align: right;">593,144.11</td> </tr> <tr> <td style="text-align: center;">(unsecured)</td> <td style="text-align: center;">(secured)</td> <td style="text-align: center;">(priority)</td> </tr> </table> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |            |  |  |                                  | \$ 593,144.11 | 593,144.11 | 593,144.11 | (unsecured) | (secured) | (priority) |
| \$ 593,144.11   | 593,144.11 | 593,144.11   |  |                                  |               |            |            |             |           |            |
| (unsecured)   | (secured)  | (priority)   |  |                                  |               |            |            |             |           |            |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |            | THIS STATE IS FOR COURT USE ONLY   |  |                                  |               |            |            |             |           |            |
| <b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |            |  |  |                                  |               |            |            |             |           |            |
| <b>8 Date Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.   |            |  |  |                                  |               |            |            |             |           |            |
| Date <u>01/11/07</u>  |            | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><div style="text-align: center;"> <br/> <b>Alan R. Simmons</b> </div>   |  |                                  |               |            |            |             |           |            |



## FORM B10 (Official Form 10) (10/05)

|  |  |  |   |  |
|--|--|--|---|--|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF <u>Nevada</u>  | <b>PROOF OF CLAIM</b><br><br>FILED AND FILED<br><br>12 P 1 44<br><br>COURT CLERK<br><br><small>THIS SPACE IS FOR COURT USE ONLY</small> |  |
| Name of Debtor <b>USA COMMERCIAL MORTGAGE CO</b>   |  | Case Number <b>06-10725-LBR</b>  |   |  |
| <small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.</small>  |  |  |   |  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>TIKI INVESTMENT ENTERPRISES, LP</b>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.  |   |  |
| Name and address where notices should be sent<br><b>2578 HIGHMORE AVE<br/>         HENDERSON, NV 89052</b>   |  | Telephone number <b>702-617-2565</b>   |   |  |
| Last four digits of account or other number by which creditor identifies debtor <b>7002</b>  |  | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____  |   |  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See exhibit A</u>  |  |  |   | <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date) |
| <b>2 Date debt was incurred</b> <u>7/22/05</u>   |  | <b>3. If court judgment, date obtained</b>   |   |  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><u>Unsecured Nonpriority Claim \$ line 4 of Ex A</u>   |  |  |   |  |
| <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.   |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br><br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>unknown</u><br><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>line 2 of Ex A</u>  |   |  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br><br>Amount entitled to priority \$ _____<br><br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 USC § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 USC § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a)(____)<br><small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> |   |  |
| <b>5 Total Amount of Claim at Time Case Filed</b> <u>\$ line 4 Ex A</u> <u>line 4 Ex A</u> <u>line 4 Ex A</u><br><small>(unsecured) (secured) (priority) (Total)</small><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |  |   |  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  | <small>THIS SPACE IS FOR COURT USE ONLY</small>  |   |  |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |  |   |  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |  |   |  |
| Date<br><br><b>1/11/06</b>   | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br><br><u>Monic E. Murrell PARTNER</u> |  |   |  |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. § 1573



**PROOF OF CLAIM****YOUR CLAIM IS SCHEDULED AS:**

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

Schedule/Claim ID 322334

Amount/Classification

\$12,951.80 Unsecured

**NOTE:** See Reverse for List of Debtors and Case Numbers  
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

11321240003464  
RICHARD G VRBANCIC  
103 WILLOW BROOK DR NE  
WARREN, OH 44483-4630

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number 630-646-0108

Last four digits of account or other number by which creditor identifies debtor

Check here  
if this claim

☐ replaces  
or  
☒ amends

a previously filed claim dated: \_\_\_\_\_

**1. BASIS FOR CLAIM**☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer (not for loan balances)☐ Money loaned☒ Other (describe briefly)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

Investments

**2. DATE DEBT WAS INCURRED****3. IF COURT JUDGMENT, DATE OBTAINED****4. CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

**UNSECURED NONPRIORITY CLAIM** \$ 270,000.00

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

**UNSECURED PRIORITY CLAIM**

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (e)(1)(B)

☐ Wages, salaries, or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

**SECURED CLAIM**

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☐ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$ 270,000.00 (unsecured) \$ (secured) \$ (priority) \$ 270,000.00 (Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**6. CREDITS:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**7. SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**8. DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
P.O. Box 911  
El Segundo, CA 90245 0911

BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

**THIS SPACE FOR COURT USE ONLY**

FILED NOV 13 2006

USA CMC

1072501365

DATE

11/13/06

SIGN and print the name and title of any of the creditor or other person authorized to file the claim (attach copy of power of attorney if any)

*[Signature]*  
Attorney at Law

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571